



CONNECTICUT COMMISSION ON CULTURE AND TOURISM

CONNECTICUT HISTORIC STRUCTURES REHABILITATION TAX CREDIT PROGRAM

PART 1 APPLICATION: DETERMINATION OF HISTORIC STRUCTURE STATUS

1. BUILDING DATA

OFFICE USE ONLY  
Project #

- a. Building name \_\_\_\_\_  
Address: Street \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- b. Building is
- ☐ Located in a National Register District, specify: \_\_\_\_\_
  - ☐ Located in a State Register District, specify: \_\_\_\_\_
  - ☐ Located in a complex individually listed on the ☐ National Register of Historic Places  
☐ State Register of Historic Places
  - ☐ Located in a complex listed as part of a district on the  
☐ National Register of Historic Places, specify: \_\_\_\_\_  
☐ State Register of Historic Places, specify: \_\_\_\_\_
- c. Attachments
- ☐ Map showing legal boundary of property as listed
  - ☐ Map showing legal boundary of parcel under ownership of applicant, if different from that of property as listed

2. OWNER

- a. Name \_\_\_\_\_  
Title \_\_\_\_\_  
Business Entity \_\_\_\_\_  
Address: Street \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_  
e-mail address \_\_\_\_\_  
Taxpayer SSN, FEIN or Tax Identification Number \_\_\_\_\_
- b. Attachments
- ☐ Certificate of Title
  - ☐ Statement of Authorization to Apply

3. STATEMENT OF HISTORICAL AND ARCHITECTURAL SIGNIFICANCE

Are you applying for tax credits under the federal historic preservation tax incentives program? ☐ yes ☐ no

a. If yes, fill in below:

Date federal Historic Preservation Certification Application,  
Part 1 – Evaluation of Significance (Form 10-168) submitted \_\_\_\_\_

Date State Historic Preservation Office Review & Recommendation  
Sheet (Form 10-168d) signed \_\_\_\_\_

Attachments

- ☐ Copy of cover sheet of Form 10-168
- ☐ Copy of State Historic Preservation Office Review and Recommendation Sheet (Form 168d)

b. If no, provide a statement of historical and architectural significance of the building and date of construction.

Attachments

- ☐ Statement of historical and architectural significance
- ☐ Photographs
- ☐ Map showing the boundaries of the registered historic district or complex and location of the building

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4. OWNER CERTIFICATION

I hereby attest that I am the owner or authorized agent of the owner of the building described above and that the information I have provided is, to the best of my knowledge, correct. I understand that falsification of factual representations in the application may be subject to legal sanctions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

The Connecticut Commission on Culture & Tourism has reviewed the Part 1 application,  
"Determination of Historic Structure Status," for the above-listed building and has determined that:

- ☐ The building qualifies as a certified historic structure.
- ☐ The building does not qualify as a certified historic structure. Comments attached.

\_\_\_\_\_ Date \_\_\_\_\_

Authorized signature  
Connecticut Commission on Culture & Tourism



CONNECTICUT COMMISSION ON CULTURE AND TOURISM

CONNECTICUT HISTORIC STRUCTURES REHABILITATION TAX CREDIT PROGRAM

PART 2 APPLICATION : REQUEST FOR APPROVAL OF PROPOSED REHABILITATION PLAN

1. BUILDING DATA

a. Building name \_\_\_\_\_  
Address: Street \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

OFFICE USE ONLY  
Project # \_\_\_\_\_

- b. ☐ Individually listed on the ☐ National Register of Historic Places  
☐ State Register of Historic Places

Date of listing \_\_\_\_\_

or

- ☐ Date Part 1, "Determination of Historic Structure Status," submitted \_\_\_\_\_  
Date approved \_\_\_\_\_ CCT Project # \_\_\_\_\_

2. OWNER

a. Name \_\_\_\_\_  
Title \_\_\_\_\_  
Business Entity \_\_\_\_\_  
Address: Street \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_  
e-mail address \_\_\_\_\_  
Taxpayer SSN, FEIN or Tax Identification Number \_\_\_\_\_

- b. Attachments  
☐ Certificate of Title  
☐ Statement of Authorization to Apply

3. DATA ON REHABILITATION PROJECT

Are you applying for tax credits under the federal historic preservation tax incentives program? ☐ yes ☐ no

a. If yes, fill in below:

Date federal Historic Preservation Certification Application,  
Part 2 – Description of Rehabilitation (Form 10-168a) submitted \_\_\_\_\_

Date State Historic Preservation Office Review & Recommendation  
Sheet (Form 10-168d) signed \_\_\_\_\_

Attachments

- ☐ Copy of cover sheet of Form 168a
- ☐ Copy of State Historic Preservation Office Review & Recommendation Sheet (Form 168e)

b. If no, fill in below:

Project start date (est.) \_\_\_\_\_ Project completion date (est.) \_\_\_\_\_

Number of phases \_\_\_\_\_ Time frames \_\_\_\_\_

Preliminary estimated total construction costs \_\_\_\_\_

Attachments

- ☐ Description of project work
- ☐ Architectural drawings
- ☐ Photographs
- ☐ Other data, specify: \_\_\_\_\_
- ☐ Other data, specify: \_\_\_\_\_
- ☐ Site Plan
- ☐ Specifications
- ☐ HVAC plans
- ☐ Structural plans

c. Number of residential units: \_\_\_\_\_ Number that are low and moderate income: \_\_\_\_\_

Before: Total square footage \_\_\_\_\_ Square footage of non-residential uses \_\_\_\_\_

After: Total square footage \_\_\_\_\_ Square footage of non-residential uses \_\_\_\_\_

4. OWNER CERTIFICATION

I hereby attest that I am the owner or authorized agent of the owner of the building described above and that the information I have provided is, to the best of my knowledge, correct. I understand that falsification of factual representations in the application may be subject to legal sanctions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

The Connecticut Commission on Culture & Tourism has reviewed the Part 2 application, "Request for Approval of Proposed Rehabilitation Plan," for the above-listed building and has determined that:

- ☐ The proposed rehabilitation plan described herein meets the *Standards*.  
This is a preliminary approval only, since final certification of rehabilitation can be issued to the owner of a certified historic structure only after the rehabilitation is completed.
- ☐ The proposed rehabilitation plan described herein does not meet the *Standards*.  
Comments attached.

\_\_\_\_\_  
Authorized signature  
Connecticut Commission on Culture & Tourism

\_\_\_\_\_  
Date



CONNECTICUT COMMISSION ON CULTURE AND TOURISM

CONNECTICUT HISTORIC STRUCTURES REHABILITATION TAX CREDIT PROGRAM

PART 3 APPLICATION: REQUEST FOR PRELIMINARY CERTIFICATION AND  
RESERVATION OF TAX CREDITS

1. BUILDING DATA

Address: Street \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CCT Project # \_\_\_\_\_

Date Part 2 application (Request for Approval of Proposed Rehabilitation Plan) approved \_\_\_\_\_

Attachments

- ☐ Copy of CCT approval of Part 2 application
- ☐ Copy of CCT approval of Part 2 amendment(s)

2. OWNER

a. Name \_\_\_\_\_

Title \_\_\_\_\_

Business Entity \_\_\_\_\_

Address: Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

e-mail address \_\_\_\_\_

Taxpayer SSN, FEIN or Tax Identification Number \_\_\_\_\_

b. Attachments

- ☐ Certificate of Title
- ☐ Certificate of Legal Existence
- ☐ Statement of Authorization to Apply

3. CERTIFICATION

a. Sources of project financing

- ☐ Attachment 3A

b. List federal, state, and/or local land use and other development regulatory requirements and indicate status of approval process.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

- (3) \_\_\_\_\_  
(4) \_\_\_\_\_  
(5) \_\_\_\_\_  
(6) \_\_\_\_\_

Attachments

- ☐ Certified copy of one or more municipal resolutions
  - ☐ Copy of one or more permits
  - ☐ Certified copy of Certificate of Appropriateness
  - ☐ Letter from federal agency or State Historic Preservation Office of compliance with historic preservation regulations
  - ☐ Other, specify: \_\_\_\_\_
  - ☐ Other, specify: \_\_\_\_\_
- c. Attach statement of project consistency with stated municipal or regional land use development goals and objectives, including historic preservation, housing or smart growth initiatives.
- d. Code compliance requirements
- ☐ Attachment 3B

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4. ESTIMATED QUALIFIED REHABILITATION EXPENDITURES

- a. Total structure and land improvement costs \_\_\_\_\_
- b. Qualified rehabilitation expenditures \_\_\_\_\_
- c. Amount of Tax Credit Requested: 25% of Line b \_\_\_\_\_
- d. Attachments
- ☐ Attachment 3C : Schedule of Values
  - ☐ Application Fee (\$1,000.00)

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5. SUBSTANTIAL REHABILITATION TEST

- a. Assessed value of certified historic structure \_\_\_\_\_
- b. 25% of assessed value \_\_\_\_\_
- c. Attachments
- ☐ Certified copy of assessment from municipal legal records

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6. OWNER CERTIFICATION

I hereby attest that I am the owner or the authorized agent of the owner of the building described above and that the information I have provided is, to the best of my knowledge, correct. I understand that falsification of factual representations in the application may be subject to legal sanctions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

The Connecticut Commission on Culture & Tourism has reviewed the Part 3 application, "Request for Preliminary Certification and Reservation of Tax Credits" for the above-listed building and has determined that:

- ☐ the certification documentation is in accordance with Section 10-xxx-9 of the Regulations of Connecticut State Agencies pursuant to PA 06-186 section 82
- ☐ the total qualified rehabilitation expenditures meets the substantial rehabilitation test under PA 06-186 section 82

In accordance with Section 10-xxx-10 of the Regulations of Connecticut State Agencies pursuant to

PA 06-186 section 82, a Reservation of Tax of Credits has been approved for state fiscal year \_\_\_\_\_

in the amount of \_\_\_\_\_. A numbered Reservation Certificate is attached.

\_\_\_\_\_ Date \_\_\_\_\_

Authorized signature  
Connecticut Commission on Culture & Tourism



CONNECTICUT COMMISSION ON CULTURE AND TOURISM

CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

ATTACHMENT 3A: SOURCES OF PROJECT FINANCING

Source	Type of Funds	Name of Program and Agency	Amount
Federal			
	1		
	2		
	3		
State			
	1		
	2		
	3		
Municipal			
	1		
	2		
Private			
	1		
	2		
	3		
	4		
TOTAL			





**CONNECTICUT COMMISSION ON CULTURE AND TOURISM**

**CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM**

**ATTACHMENT 3B: CODE REQUIREMENTS**

	Type of code	Code Requirement	Citation	Status of Approvals
1				
2				
3				
4				
5				
6				



CONNECTICUT COMMISSION ON CULTURE AND TOURISM

CONNECTICUT HISTORIC STRUCTURES REHABILITATION TAX CREDIT PROGRAM

ATTACHMENT 3C: SCHEDULE OF VALUES (COST BREAKDOWN)

1	2	3	4	5	6	7
LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	TOTAL EXPENSE	INCURRED PRIOR TO PART 2 APPROVAL
1	2	SITE TESTING/HAZARDOUS MATERIALS				
2	2	ENVIRONMENTAL REMEDIATION: SITE				
3	2	ENVIRONMENTAL REMEDIATION: CERTIFIED HISTORIC STRUCTURE <sup>1</sup>				
4	2	SITE GRADING & EXCAVATION <sup>2</sup>				
5	2	OTHER SITE WORK <sup>3</sup> specify _____ _____ _____				
6	2	LANDSCAPING <sup>4</sup>				
7	2	SURFACE PARKING, ROADS AND WALKWAYS				
8	2	GARAGES/ STRUCTURED PARKING FACILITY				
9	2	DEMOLITION: SEPARATE BUILDINGS AND/OR STRUCTURES				
10	2	DEMOLITION: GENERAL <sup>5</sup>				
11	2	DEMOLITION: SELECTIVE <sup>6</sup>				
12	2	SITE UTILITIES				
13	3	NEW CONCRETE <sup>7</sup>				
14	3	CONCRETE REPAIRS				
15	4	MASONRY NEW, REPAIR and REPOINTING				
16	4	CONCRETE/MASONRY CLEANING:				
17	5	METALS				

<sup>1</sup> Includes abatement of hazardous materials, termite control, or mold

<sup>2</sup> Eligible work only if in conjunction with approved addition for building or life-safety code

<sup>3</sup> Includes hydrology systems and retaining walls

<sup>4</sup> Includes lawns, plantings, and fencing

<sup>5</sup> Includes all work to a certified historic structure required to remove deteriorated materials

<sup>6</sup> Includes only costs associated with approved removal of sections of the building owing to documented structural failure or for the purpose of new construction to recreate documented historic appearance

<sup>7</sup> Line items Nos. 13 through 17 refer only to work to the certified historic structure

LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	TOTAL EXPENSE	INCURRED PRIOR TO PART 2 APPROVAL
18	6	ROUGH CARPENTRY				
19	6	FINISH CARPENTRY				
20	7	MOISTURE PROTECTION				
21	7	INSULATION				
22	7	ROOFING				
23	7	SHEET METAL				
24	7	SIDING (INCLUDES REMOVAL OF NON-HISTORIC, REPAIR, REPLACEMENT)				
25	8	DOORS AND HARDWARE				
26	8	WINDOWS AND GLAZING				
27	9	ACOUSTICAL TILE				
28	9	DRYWALL				
29	9	CERAMIC TILE				
30	9	WOOD FLOORING				
31	9	RESILIENT FLOORING				
32	9	CARPETING				
33	9	PAINTING (INTERIOR AND EXTERIOR)				
34	10	SPECIALTIES				
35	11	CABINETS & VANITIES				
36	11	APPLIANCES				
37	12	BLINDS, SHADES, AND ARTWORK				
38	13	SPECIAL CONSTRUCTION: SEPARATE NEW BUILDINGS				
39	13	ADDITION: NON-CODE REQUIRED				
40	13	ADDITION: CODE REQUIRED				
41	13	ADDITION: HANDICAPPED ACCESS				
42	13	NEW CONSTRUCTION: RECONSTRUCTION				
43	15	ELEVATORS				
44	15	PLUMBING				
45	15	HVAC				
46	15	FIRE SUPPRESSION				

47	16	ELECTRICAL (BUILDING ONLY)				
48		RENTAL EQUIPMENT, specify: <sup>8</sup> _____ _____ _____				
49		GREEN ROOFS				
50	TOTAL STRUCTURE AND LAND IMPROVEMENTS Column 6					
51	PERMITS AND FEES					
52	CONTRACTOR BOND PREMIUM					
53	TOTAL CONSTRUCTION COSTS Sum of LINES 50-52					
54	TOTAL INELIGIBLE COSTS: Column 4					
55	TOTAL ELIGIBLE COSTS: Column 5					
56	TOTAL ELIGIBLE COSTS INCURRED PRIOR TO PART 2 APPROVAL: Column 7					

### RESIDENTIAL ONLY

57	TOTAL ELIGIBLE COSTS LINE 55 minus LINE 56		
58	GENERAL REQUIREMENTS and BUILDER'S OVERHEAD AND PROFIT: Not to exceed 15% of LINE 57		
59	<b>TOTAL QUALIFIED REHABILITATION EXPENDITURES</b> Sum of LINES 57 and 58		

### RESIDENTIAL AND NON-RESIDENTIAL ONLY <sup>9</sup>

60	EXISTING BUILDING SQUARE FOOTAGE		
61	PER SQUARE FOOT REHABILITATION COSTS LINE 57 divided by LINE 60		
62	NON-RESIDENTIAL SQUARE FOOTAGE		
63	NON-RESIDENTIAL REHABILITATION COSTS LINE 61 multiplied by LINE 62		
64	TOTAL ELIGIBLE COSTS LINE 57 minus LINE 63		
65	GENERAL REQUIREMENTS and BUILDER'S OVERHEAD AND PROFIT Not to exceed 15% of LINE 64		
66	<b>TOTAL QUALIFIED REHABILITATION EXPENDITURES</b> LINE 64 and 65		

<sup>8</sup> Includes dumpsters, scaffolding etc.

<sup>9</sup> Non-residential costs do not qualify as "qualified rehabilitation expenditures."

**FORM PREPARED FOR:**

PROPERTY: NAME: \_\_\_\_\_

ADDRESS: STREET \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CCT PROJECT # \_\_\_\_\_

OWNER: NAME \_\_\_\_\_

BUSINESS ENTITY \_\_\_\_\_

ADDRESS: STREET \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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**COST BREAKDOWN FORM ( LINES 1-55, COLUMNS 4-6) PREPARED BY:**

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

BUSINESS ORGANIZATION \_\_\_\_\_

ADDRESS: STREET \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

CT LICENSE # \_\_\_\_\_

I hereby certify that the information I have provided on construction costs is, to the best of my knowledge, correct.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_



CONNECTICUT COMMISSION ON CULTURE AND TOURISM

CONNECTICUT HISTORIC STRUCTURES REHABILITATION TAX CREDIT PROGRAM

PART 4 APPLICATION: REQUEST FOR FINAL CERTIFICATION OF COMPLETED REHABILITATION

1. BUILDING DATA

Address: Street \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
CCT Project # \_\_\_\_\_  
Date Part 2 application (Request for Approval of Proposed Rehabilitation Plan) approved \_\_\_\_\_  
Date of tax credit reservation \_\_\_\_\_ CCT Reservation # \_\_\_\_\_  
Attachments: ☐ Copy of CCT approval of Part 2 amendment(s)

2. OWNER

a. Name \_\_\_\_\_  
Title \_\_\_\_\_  
Business Entity \_\_\_\_\_  
Address: Street \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_  
e-mail address \_\_\_\_\_  
Taxpayer SSN, FEIN or Tax Identification Number \_\_\_\_\_  
b. Attachments  
☐ Certificate of Title  
☐ Statement of Authorization to Apply

3. DATA ON REHABILITATION PROJECT

a. This application covers  
☐ entire certified historic structure or ☐ phase \_\_\_\_\_ of \_\_\_\_\_ phases  
b. Date rehabilitation completed and placed in service \_\_\_\_\_  
Number of residential units placed in service \_\_\_\_\_  
Square footage of "identifiable portion of building" placed in service \_\_\_\_\_  
c. Attachments  
☐ Copy of Certificate of Occupancy  
☐ Photographs

4. OWNER CERTIFICATION

I hereby apply for certification of completed rehabilitation work for purposes of the State of Connecticut Historic Structures Rehabilitation Tax Credit Program. I hereby attest that I am the owner or authorized agent of the owner of the building described above and that the information I have provided is, to the best of my knowledge, correct. I understand that falsification of factual representations in the application may be subject to legal sanctions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

The Connecticut Commission on Culture & Tourism has reviewed the Part 4 application, "Request for Final Certification of Completed Rehabilitation," for the above-listed building and has determined that:

- ☐ The completed rehabilitation meets the *Standards*.
- ☐ The completed rehabilitation does not meet the *Standards*. Comments attached.

Tax credit reservation # \_\_\_\_\_ is hereby canceled.

\_\_\_\_\_  
Authorized signature  
Connecticut Commission on Culture & Tourism

Date \_\_\_\_\_



CONNECTICUT COMMISSION ON CULTURE AND TOURISM

CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

PART 5 APPLICATION: REQUEST FOR ISSUANCE OF TAX CREDIT VOUCHER

1. BUILDING DATA

Address: Street \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CCT Project # \_\_\_\_\_

Date Part 4 application (Request for Final Certification of Completed Rehabilitation) approved \_\_\_\_\_

Date Reservation Certificate issued \_\_\_\_\_ Amount \_\_\_\_\_

Reservation Certificate # \_\_\_\_\_

Attachments

- ☐ Copy of CCT approval of Part 4 application
- ☐ Copy of Reservation Certificate

2. OWNER OF RECORD

a. Name (if individual) \_\_\_\_\_

Business Entity \_\_\_\_\_

Address: Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

e-mail address \_\_\_\_\_

Taxpayer SS, FEIN or Tax Identification Number \_\_\_\_\_

b. Attachments

- ☐ Certificate of Title
- ☐ Certificate of Legal Existence

3. DATA ON REHABILITATION PROJECT

a. This application covers

☐ entire certified historic structure ☐ phase \_\_\_\_\_ of \_\_\_\_\_ phases

b. Qualified rehabilitation expenditures \_\_\_\_\_

c. Tax credit voucher request (25% of line b) \_\_\_\_\_

Amount of prior tax credit voucher (s) \_\_\_\_\_ Date issued \_\_\_\_\_

Voucher # \_\_\_\_\_



d. Attachments

- ☐ Certification of Costs
- ☐ Attachment 5A: Schedule of Values - Incurred Costs

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4. ASSIGNMENT OF TAX CREDIT VOUCHER

Check as applicable:

- ☐ I hereby request that the tax credit voucher for the above-listed historic property be assigned to the individual named as the owner of record in item #2.
- ☐ I hereby request that the tax credit voucher be issued in the name of the business entity named as the owner of record in item #2.
- ☐ I hereby request that the tax credit voucher for the above-listed historic property be assigned to one or more contributing taxpayers named below:

Name of Corporation \_\_\_\_\_

Address: Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Taxpayer FEIN or CT Tax Registration Number \_\_\_\_\_

Percentage (or dollar value) of total tax credit \_\_\_\_\_

Name of Corporation \_\_\_\_\_

Address: Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Taxpayer FEIN or CT Tax Registration Number \_\_\_\_\_

Percentage (or dollar value) of total tax credit \_\_\_\_\_

Name of Corporation \_\_\_\_\_

Address: Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Taxpayer FEIN or CT Tax Registration Number \_\_\_\_\_

Percentage (or dollar value) of total tax credit \_\_\_\_\_

- ☐ I hereby request that the tax credit voucher for the above-listed property be assigned to one or more multiple owners named below:

Name of individual or business entity \_\_\_\_\_

Address: Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Taxpayer SS, FEIN or CT Tax Registration Number \_\_\_\_\_

Percentage (or dollar value) of total tax credit \_\_\_\_\_

Name of individual or business entity \_\_\_\_\_  
Address: Street \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Taxpayer SS, FEIN or CT Tax Registration Number \_\_\_\_\_  
Percentage (or dollar value) of total tax credit \_\_\_\_\_

Name of individual or business entity \_\_\_\_\_  
Address: Street \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Taxpayer SS, FEIN or CT Tax Registration Number \_\_\_\_\_  
Percentage (or dollar value) of total tax credit \_\_\_\_\_

☐ Additional pages attached.

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5. OWNER CERTIFICATION

I hereby attest that I am the owner or authorized agent of the owner of the above-listed building and that the information I have provided is, to the best of my knowledge, correct. I understand that falsification of factual representations in the application may be subject to legal sanctions.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_

Attachment

☐ Statement of Authorization to Apply

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**OFFICE USE ONLY**

Tax credit voucher # _____	Amount \$ _____	Date of issuance _____
Tax credit voucher # _____	Amount \$ _____	Date of issuance _____
Tax credit voucher # _____	Amount \$ _____	Date of issuance _____
Tax credit voucher # _____	Amount \$ _____	Date of issuance _____



CONNECTICUT COMMISSION ON CULTURE AND TOURISM

CONNECTICUT HISTORIC STRUCTURES REHABILITATION TAX CREDIT PROGRAM

ATTACHMENT 5A: SCHEDULE OF VALUES (COSTS INCURRED)

1	2	3	4	5	6	7
LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	TOTAL EXPENSE	INCURRED PRIOR TO PART 2 APPROVAL
1	2	SITE TESTING/HAZARDOUS MATERIALS				
2	2	ENVIRONMENTAL REMEDIATION: SITE				
3	2	ENVIRONMENTAL REMEDIATION: CERTIFIED HISTORIC STRUCTURE <sup>1</sup>				
4	2	SITE GRADING & EXCAVATION <sup>2</sup>				
5	2	OTHER SITE WORK <sup>3</sup> specify _____ _____ _____				
6	2	LANDSCAPING <sup>4</sup>				
7	2	SURFACE PARKING, ROADS AND WALKWAYS				
8	2	GARAGES/ STRUCTURED PARKING FACILITY				
9	2	DEMOLITION: SEPARATE BUILDINGS AND/OR STRUCTURES				
10	2	DEMOLITION: GENERAL <sup>5</sup>				
11	2	DEMOLITION: SELECTIVE <sup>6</sup>				
12	2	SITE UTILITIES				
13	3	NEW CONCRETE <sup>7</sup>				
14	3	CONCRETE REPAIRS				
15	4	MASONRY NEW, REPAIR and REPOINTING				
16	4	CONCRETE/MASONRY CLEANING:				
17	5	METALS				
18	6	ROUGH CARPENTRY				

<sup>1</sup> Includes abatement of hazardous materials, termite control, or mold

<sup>2</sup> Eligible work only if in conjunction with approved addition for building or life-safety code

<sup>3</sup> Includes hydrology systems and retaining walls

<sup>4</sup> Includes lawns, plantings, and fencing

<sup>5</sup> Includes all work to a certified historic structure required to remove deteriorated materials

<sup>6</sup> Includes only costs associated with approved removal of sections of the building owing to documented structural failure or for the purpose of new construction to recreate documented historic appearance

<sup>7</sup> Line items Nos. 13 through 17 refer only to work to the certified historic structure

LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	TOTAL EXPENSE	INCURRED PRIOR TO PART 2 APPROVAL
19	6	FINISH CARPENTRY				
20	7	MOISTURE PROTECTION				
21	7	INSULATION				
22	7	ROOFING				
23	7	SHEET METAL				
24	7	SIDING (INCLUDES REMOVAL OF NON-HISTORIC, REPAIR, REPLACEMENT)				
25	8	DOORS AND HARDWARE				
26	8	WINDOWS AND GLAZING				
27	9	ACOUSTICAL TILE				
28	9	DRYWALL				
29	9	CERAMIC TILE				
30	9	WOOD FLOORING				
31	9	RESILIENT FLOORING				
32	9	CARPETING				
33	9	PAINTING (INTERIOR AND EXTERIOR)				
34	10	SPECIALTIES				
35	11	CABINETS & VANITIES				
36	11	APPLIANCES				
37	12	BLINDS, SHADES, AND ARTWORK				
38	13	SPECIAL CONSTRUCTION: SEPARATE NEW BUILDINGS				
39	13	ADDITION: NON-CODE REQUIRED				
40	13	ADDITION: CODE REQUIRED				
41	13	ADDITION: HANDICAPPED ACCESS				
42	13	NEW CONSTRUCTION: RECONSTRUCTION				
43	15	ELEVATORS				
44	15	PLUMBING				
45	15	HVAC				
46	15	FIRE SUPPRESSION				
47	16	ELECTRICAL (BUILDING ONLY)				
48		RENTAL EQUIPMENT, specify: <sup>8</sup>				
		_____		_____	_____	_____
		_____		_____	_____	_____
		_____		_____	_____	_____

<sup>8</sup> Includes dumpsters, scaffolding etc.

LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	TOTAL EXPENSE	INCURRED PRIOR TO PART 2 APPROVAL
49		GREEN ROOFS				
50		TOTAL STRUCTURE AND LAND IMPROVEMENTS Column 5				
51		PERMITS AND FEES				
52		CONTRACTOR BOND PREMIUM				
53		GENERAL REQUIREMENTS and CONTRACTOR OVERHEAD and PROFIT				
54		TOTAL CONSTRUCTION COSTS Sum of LINES 50-53				
55		TOTAL INELIGIBLE COSTS: Column 3				
56		TOTAL ELIGIBLE COSTS: Column 4				
57		TOTAL COSTS INCURRED PRIOR TO APPROVAL OF PART 2 APPLICATION: Column 6				
<b>PHASED PROJECTS ONLY</b>						
58		TOTAL ELIGIBLE COSTS: LINE 56 minus LINE 57				
59		EXISTING BUILDING SQUARE FOOTAGE <sup>9</sup>				
60		SQUARE FOOTAGE COSTS TO DATE: LINE 58 divided by LINE 59				
61		SQUARE FOOTAGE OF RESIDENTIAL PLACED IN SERVICE				
62		PHASE COSTS: LINE 60 multiplied by LINE 61				

<sup>9</sup> Use figure indicated on Part 3 application, "Request for Preliminary Certification and Reservation of Tax Credits," Schedule 3C, line item 60.